Documentation Requirements for Vaccination-Related Project Worksheets 4/6/2021

Table 1: Documentation Requirements for Project Applications

Topic	Expedited	Standard Vaccination Project	Completed Vaccination Project	
Topic	Vaccination Project	Standard Vaccination Froject	Completed Vaccination Project	
Required For:	Initial version for Expedited Projects	 Reconciliation amendment for expedited vaccination projects Initial version for work to be completed vaccination projects 	Initial version for completed work vaccination projects	
Activities	 Operational period Population served High-level description of overall activities List of activities 	 Operational period Population served High level description of overall activities List of activities 	 Operational period Population served Description of overall activities List of activities 	
Locations of Work	If known, specific locations of work	Specific locations of work performed	Specific locations of work performed	
General Cost Information	 High level description of basis for cost estimate Per-dose unit costs and basis OR use of CRC unit costs 	Complete budget estimate, including basis for the estimate	Accounting of Project expenditures and dates of expenditures that comprise the total actual costs claimed (such as a report from its accounting system)	
For Force Account labor, prisoners, national guard or other hourly labor costs such as mutual aid labor	• N/A	 Pay policy or Mutual Aid Agreement, Memorandum of Understanding or other written agreement, as applicable Fringe benefit calculations Number of personnel Average hours per day Average days per week Average pay rate Description of work performed Lodging and per diem rates, if applicable 	 Pay policy or Mutual Aid Agreement, Memorandum of Understanding or other written agreement, as applicable Fringe benefit calculations For each individual: Name, job title and function, type of employee (i.e., full-time, part- time, temporary, etc.), days and hours worked, pay rates and fringe benefit rate; and description of work performed with 	

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			representative sample of daily logs/activity reports, if available Lodging and per diem rates, if applicable Timesheets, if applicable (representative sample when requested) Invoices, if applicable (representative sample when requested)
Equipment Costs	• N/A	 Estimated cost with basis for the estimate (i.e., extrapolation of completed costs, average costs for similar work in the area, contractor or vendor quotes, etc.) Amount of equipment by type with unit price and timeframe Rental vs. purchase cost comparison, if anticipating rental or purchase 	Applicant-owned equipment: • Equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage)) and an equipment usage log (include usage locations with days and hours used, operator names) with unit price • Schedule of rates, including rate components (if not using FEMA equipment rates)
			Purchased Equipment: Invoices or receipts Locations, dates, and hours used Rental vs. purchase cost comparison If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above. Current fair market for items that have a current fair market value of \$5,000 or more
			Rented Equipment: Rental agreement Invoices or receipts Rental vs. purchase cost comparison Locations, dates, and hours used

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			Amount of fuel used, if not included in rental cost
Materials and Supplies	• N/A	Estimated quantity by type with unit cost Basis for the estimate (i.e., extrapolation of completed costs, average costs for similar work in the area, contractor or vendor quotes, etc.)	From stock: Vendor Description Quantities by type with unit price Date used Location used Total actual cost Cost documentation such as original invoices or other historical cost records, inventory records, and—if availablesupporting documentation such as daily logs Purchased: Vendor Description Quantities by type with unit price Date used Location used Invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above. Current fair market value if the aggregate total of unused residual materials and supplies is greater than \$5,000
Contract Costs	• N/A	 Procurement Policy Request for proposals, bid documents, selection process, or justification for non-competitive procurement 	 Procurement policy Requests for proposals, bid documents, selection process, or justification for non-competitive procurement

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		 Contracts, if awarded; Estimated cost with basis for the estimate (i.e., extrapolation of completed costs, average costs for similar work in the area, contractor or vendor quotes, etc.) 	 Contracts, change orders, and summary of invoices Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold) For time and materials contracts: documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings 	
Insurance	• N/A	 Insurance policy, if applicable Actual insurance proceeds, if available Insurance settlement information (e.g., final statement of loss, settlement checks, correspondence explaining the settlement amount and allocation, letter of denial), if available Anticipated insurance proceeds, if applicable and actual proceeds or settlement information is not available 	 Insurance policy, if applicable Actual insurance proceeds, if available Insurance settlement information (e.g., final statement of loss, settlement checks, correspondence explaining the settlement amount and allocation, letter of denial), if available Anticipated insurance proceeds, if applicable and actual proceeds or settlement information is not available 	
Medical Proceeds or proceeds from another Federal agency or other source	• N/A	 Total amount of medical payments expected from other entities including Medicare, Medicaid, or a pre-existing private payment agreement Total amount of proceeds or payments expected from another source for the same work and description of the funding source. 	 Total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement Total amount of proceeds or payments received or expected from another source for the same work and description of the funding source. 	
Conditions and Compliance	Certification to relevant conditions	Certification to relevant conditions	Documentation to substantiate compliance with all terms and conditions of the award (e.g., EHP compliance documentation)	

Table 2: Reporting Requirements

Equitable Vaccination Administration Information Submittal Requirements and Timeframes				
FEMA has already obligated		Recipient/ Subrecipient has	Recipient/ Subrecipient has not yet applied	
	funding	applied, but FEMA has not yet		
		obligated		
All vaccination work	One submission, within 30 days of	One submission, within 30 days of	One submission, with initial request for	
complete	Medical Care Policy	obligation	FEMA vaccination funding	
All Vaccination work	First submission within 30 days of	First submission within 30 days of	First submission within 30 days of obligation,	
not yet complete	Medical Care Policy, updates every	obligation, updates every 30 days	updates every 30 days until work is complete	
	30 days until work is complete	until work is complete		